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ABSTRACT

This training module on embedding intervention targets into caregiving routines and other activities of the families' choice is from the Mississippi Early Education Program for Children with Multiple Disabilities, a program designed to train Individuals with Disabilities Education Act Part H service coordinators and service providers to use family centered strategies. Objectives of the training include teaching practitioners to: (1) identify examples of cultural variability; (2) identify their own behaviors related to the inclusion of families in the intervention process; (3) demonstrate positive communication skills by role playing a family situation; (4) demonstrate knowledge and skills in defining the critical features of a child's physical and social environment; (5) demonstrate knowledge in developing functional, integrated goals and objectives across skills and routines/activities; and (6) demonstrate an understanding of how to assist families/caregivers to utilize interactional processes throughout routines and to identify and implement critical skills embedded within the routine. Strategies for communication across cultures are provided and include observing and determining the meaning of nonverbal communication, allowing the family to speak in their native language, and using visual forms to explain information. Included in the module are pretest and posttest forms, seven activities to illustrate concepts, and sample forms. Transparencies summarizing key information are also provided. (CR)

Embedding Intervention Targets into Caregiving Routines and Other Activities of the Families Choice

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General Directions for the Trainer

The module presents major points to be made during the lecture. The transparencies to be used during the lecture are placed within the text for easy reference. The Trainer needs to make transparencies from the pages titled TRANSPARENCIES to display during the lecture. The Trainer will conduct a number of Trainee activities throughout the session. The activities have been placed within the text for easy reference.

Any portion of this module may be duplicated.

Appendix A contains the Pretest and Posttest answers.

Table of Contents

Introduction
1.0 Addressing Cultural Differences
2.0 Becoming Family Centered
3.0 Identifying Family Choices & Outcomes
4.0 Incorporating Critical Skills into Family Routines
5.0 Systematic Intervention
6.0 Implementing the Model
7.0 Conclusion

OBJECTIVES:

- The participants will identify examples of cultural variability
- The participants will identify their own behaviors related to the inclusion of families in the intervention process.
- The participants will demonstrate positive communication skills by role playing a family situation.
- The participants will demonstrate knowledge and skills in defining the critical features of a child's physical and social environment.
- The participants will demonstrate knowledge in developing functional, integrated goals and objectives across skills and routines/activities.
- The participants will demonstrate an understanding of how to assist families/caregivers to utilize interactional processes throughout all routines and to identify and implement critical skills embedded within the routine.

ACTIVITY #1
Pre-Posttest

Name:_____ Pretest Score _____

1. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

TRUE FALSE

2. A family's silence always means they are listening and understanding.

TRUE FALSE

3. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

TRUE FALSE

4. Name three generic interactor competencies.

5. After an assessment, interventionists should tell caregivers what skills they will be working on.

TRUE FALSE

6. List three ways a family can work on the child's reach/grasp at home.

_____

_____

_____

INTRODUCTION

When providing early intervention services, it is important that we tailor our efforts around the needs and lifestyle of the family as well as the child. By including the family rather than isolating the child, we are more likely to effect lasting changes in the child and to address the specific concerns that brought the family to seek intervention in the first place. The purpose of this module is to assist service providers to consider both cultural and individual differences in families, to incorporate critical skills into the family's daily routine, and to demonstrate methods of interacting with children which promote learning.

1.0 AWARENESS OF CULTURAL DIFFERENCES

For years, early interventionists have been focusing on intervention activities which target helping children to live more independently. These activities vary according to each child's abilities. An interventionist may work on self-feeding, walking, playing and/or communication. Parents are encouraged to become more involved and they are often seen by professionals as the primary informants. However, when professionals work with families, they often overlook the fact that each family holds different values and beliefs. These values and beliefs may not be shared by the professionals working with the family or by people from other cultures. Hanson, Lynch and Wayman (1990) called this a "cultural clash" in service delivery.

To avoid such a clash, it is vital that we learn as much as possible about the cultures of the families we work with. However, it is also very important not to overgeneralize about cultures. It is critical to first be family-focused before making assumptions about a culture.

Some examples of questions a professional may ask to gather more information on a culture are:

- What is the primary language in the household?
- Who are the family members and what are their inter-relationships?
- Who is the primary caregiver?
- Who is the primary medical provider?
- What is the perception of "help-seeking"?
- How does the culture view children with disabilities?
- How is affection shown for each other?
- Are there cultural or religious factors that would shape family perceptions?
- How are holidays celebrated?

As service providers, if we do not observe and understand the communication patterns (both verbal and nonverbal) of our families, our partnership could be damaged.

* Miscommunication can cause a family not to receive necessary services and resources.
* Gestures and statements that a family finds offensive can cause them to be leery of all professionals.

Display **TRANSPARENCY #1**

TRANSPARENCY #1

STRATEGIES FOR COMMUNICATION ACROSS CULTURES

- Observe and determine meaning of nonverbal communication.
- Allow family to speak in native language. (Use interpreter if needed).
- Do not use lengthy statements or professional jargon.
- Learn basic cultural words.
- Avoid body language or gestures that are offensive or that could be misunderstood.
- Attempt to use more visual forms to explain information:
  * Pictures
  *Symbols/Signs
  *Videotapes

In today's society we often acknowledge culture as being the differences between groups (i.e., Caucasian, African American, Hispanic, Native American, etc.). However, we often forget the differences within each group. You are much different than your co-workers and even your friends. Your religion, communication, values, family roles, and behavior can make your culture different from someone else's, but it can also be different from another member of your own group. As service providers, it becomes our responsibility to acknowledge and respect these differences. If we focus on becoming more family centered, we will be less likely to dwell on the things that make us different.

2.0 BECOMING FAMILY CENTERED

There has been a strong and logical trend in the field of early intervention toward providing services that are increasingly family centered. This has evolved along with several related changes in the field.

Display **TRANSPARENCY #2**

TRANSPARENCY #2

MODEL SHIFTS

OLD		NEW
DEFICIT	to identifying	strengths and needs
DISABILITY	to focusing on	capability and possibility
"FIX IT"	to providing	support services
ISOLATED	to teaming	interdisciplinary (or transdisciplinary)
LABELS	to respecting	person first
SEGREGATED LEARNING	to encouraging	peer interaction
PROFESSIONAL DECISION		parental input

ACTIVITY #2
Family Value and Inclusion Scale

You will now have an opportunity to complete the Family Value Inclusion Scale. This activity is only to give you an indication of how you interact with families, and allows you to identify what areas you could enhance. This is something to keep in mind as we begin our discussion of family involvement.

TRANSPARENCY #3
ACTIVITY #2

FAMILY VALUE AND INCLUSION SCALE

1. Explain to each family YOUR role as a service provider.

   Never Some of the time Most of the time Always

2. Explain to each family THEIR role.

   Never Some of the time Most of the time Always

3. Explain to the family how you feel the intervention is going.

   Never Some of the time Most of the time Always

4. Offer ideas to each family for enjoying their child.

   Never Some of the time Most of the time Always

5. Use language that the family can understand.

   Never Some of the time Most of the time Always

6. Provide the family with accurate information about services.

   Never Some of the time Most of the time Always

7. Ask families to identify their wants and needs.

   Never Some of the time Most of the time Always

8. Provide the family with a response to their request/needs within a timely manner.

   Never Some of the time Most of the time Always

9. Provide honest concise information to the family concerning their child's assessment.

   Never Some of the time Most of the time Always

10. Provide honest and concise information concerning their child's progress.

    Never Some of the time Most of the time Always

11. Provide the family with information to help them explain their child's needs to friends and relatives.

    Never Some of the time Most of the time Always

12. Respect the families level of involvement in their decision making process.

Never Some of the time Most of the time Always

13. Assist the family to think about the future.

Never Some of the time Most of the time Always

14. Provide positive reinforcement to the family.

Never Some of the time Most of the time Always

15. Provide information on child growth and development.

Never Some of the time Most of the time Always

16. Provide the family with coping strategies (respite services, parent groups).

Never Some of the time Most of the time Always

17. Be flexible in scheduling appointments.

Never Some of the time Most of the time Always

18. Provide the family with unbiased information.

Never Some of the time Most of the time Always

19. Provide strategies for assisting the family to be involved in making decisions about services.

Never Some of the time Most of the time Always

20. Explain how activities and progress will be documented.

Never Some of the time Most of the time Always

There are many definitions of a family.

TRANSPARENCY #4

1. Webster's Dictionary states, "A social unit consisting of parents and the children they rear." 1988

2. A group of individuals who have descended from a common ancestor. (Taber's Cyclopedic Medical Dictionary, 1981)

3. Any two or more related people living in one household. (3rd Edition Child, Family, Community Socialization and Support. Roberta M. Berns. p.638, 1993)

4. An inclusive definition of "family" allows each family to define itself. (Guidelines & Recommended Practices For the Individualized Family Service Plan, 1989)

5. Families can be defined as "Families are big, small, extended, nuclear, multigenerational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support....A family is a culture unto itself, with different values and unique ways of realizing its dreams; together our families become the source of our rich cultural heritage and spiritual diversity....Our families create neighborhoods, communities, states and nations. (Guidelines and Recommended Practices For the Individualized Family Service Plan. 2nd Edition. Page 8, 1991)

The trainer should REMEMBER to point out: The definition you use for a family may not be the same definition used by another family.

Family Focusing

What is "family centeredness?" How are you family centered?

Discuss the importance of asking ourselves, "Are we truly family centered?" "Family centered" means more than:

* involving parents in programs,
* providing parents with information and training,
* helping them to become substitute therapists and teachers for their children, and
* having a parent present at an Individualized Family Service Plan (IFSP) meeting to sign forms.

Strategies for becoming truly family sensitive include:

TRANSPARENCY #5

* Accepting the family, and not just the child, as the focus of services
* Recognizing and being responsive to the needs and desires of the family by letting them define what is in their own best interest
* Forming a partnership with each family that is supportive of their needs, desires, and expectations
* Accepting the unique social, moral, and cultural values of each family
* Accepting the way the family fits together and the way it affects each of its members, including the infant or toddler who is disabled or at risk
* Recognizing that their definitions may vary from those that professionals have typically accepted
* Working to reform and refine both the existing services and the existing delivery system in response to the expressed needs of the family (Family-Centered Early Intervention with Infants & Toddlers Innovative Cross-Disciplinary Approaches. Brown, Thurman, & Pearl p.306)

At times, as professionals in our field, we over-observe for details which may not necessarily be vital pieces of information.

For instance - Is the yard cut? Is the house clean? Are the children dressed appropriately?

Our role is not to make judgments, but to provide the best services we can to families regardless of their situations. An appreciation of the importance of the family's role, the unique contribution they make, or the constant responsibility they assume in the care of their children may not always be reflected in the professionals' attitudes, policies or practices. (Family Centered Care For Children with Special Health Care Needs. Shelton, Jeppson & Johnson p.4)

It is important to remember that the key to building a family-professional partnership is positive communication.

Communication:
* affects both the family and professional, and
* determines how we will respond to one another.

The family of a child with a disability may be very sensitive to their situation and they expect the professional to be also. When you visit families, have some idea about the diagnosis of the child and the family's situation. This often makes the families feel more open to talk to you since you have shown extra interest in their situation. DON'T TALK BEFORE YOU THINK! Families listen closely to every thing we say. They watch facial expressions, body language, and even listen to our tone of voice.

Below is a list of don'ts and do's in non-verbal communication and verbal communication.

TRANSPARENCY #6

NONVERBAL COMMUNICATION

DON'T	DO
• sit away from the family	• sit close to the family
• sit with your back to the family	• sit facing the family
• ignore family silence	• listen to what the family is not saying
• let your eyes roam during the conversation	• look each family member in the eyes
• carry your body in a way that seems unconcerned	• let your posture show attentiveness
• let your facial expressions show negativity	• let your facial expressions show concern and/or approval
• overlook/neglect others present	• acknowledge all present
• change the home environment	• ask if you can change the environment if it is interfering with your task

TRANSPARENCY #7

VERBAL COMMUNICATION

DON'T	DO
• use all professional jargon ex: laws, P.L., abbreviations	• use words a parent can understand
• use words that will degrade the family. **"Watch your tone"**	• change your words to be positive and learn to encourage
• get into a power struggle with the family	• allow family to help make the decisions that will affect them
• change the language of the family	• accept the parents language ex: "affectionate," "confectionate"
• assume you always understand what they're trying to say	• acknowledge and clarify what you've heard
• assume they always understand what you are trying to say	• clarify what you are saying
• expect to say something one time and have the family understand	• repeat the important information over and over
• discuss barriers among professionals with parents	• remain neutral
• Force your time	• Acknowledge a possible need to reschedule

Poor communication can damage the family-professional partnership.

* The family may become afraid of **all** professionals.
* The family may not receive needed resources.
* The child's development may not occur as rapidly as if appropriate services were provided.

ACTIVITY #3

Discuss directions to Activity #3 with the Trainees.

Directions: The Trainer will divide the Trainees into teams. The Trainer will give each team a scenario to role play. Have each team read the scenario first and then have them turn the situation into a positive one by acting it out. The Trainer and Trainees will discuss each scenario.

SCENARIOS

* You have been telephoned by a parent asking if it would be convenient to change a Tuesday appointment to Friday so that you can meet with the family and another professional they are seeing. You agree to change the appointment. When you arrive at the home, you realize you are about to attend an IFSP meeting. There are other professionals there, you are unprepared, and the parents were uninformed.

* You are presently assessing a child in the home. In the middle of the assessment three other professionals, also working with the family, show up unannounced. During the assessment one professional picks up the child, who is slightly fussing, and takes him outside. One professional uses the telephone while the other begins talking to the mother. You are unaware of who these professionals are.

* You are meeting a family for the first time to see if the child qualifies for your program. You have certain information you need from the family before you leave. The room is very dark and unbelievably cold. You turn on the lights so you can see the child better and turn off the air conditioner so you are more comfortable. Now you need to get the releases signed.

* You have several items you need to cover with the family today. When you arrive at the home, you discover Mother is having a really bad day and the children are fussy.

* You have been working closely with a family for several months now and feel the relationship is good. When you arrive for the visit, the family has something they would like to discuss with you. (1) They feel they are being used by other professionals, and (2) they are upset that they were not informed of a very important meeting concerning their family. The family is upset and saying some very negative things about these professionals. You collaborate with these professionals on a daily basis.

* You have been working with a family for nearly one year. Every time you go to visit the family they are either not at home or you have to hunt the child down at other relatives or at a babysitter's house. You feel like you are repeating yourself to each adult and you are not making progress.

* You are seeing a child who has very young parents. They are often intimidated by the things you say and do. You have been unsuccessful in getting the parents involved in the child's intervention and in making decisions.

One of the most important things for a professional to remember is the key to family participation is being family focused. The family will respond more positively to you and the information you give them if you show concern. You may be the first professional they learn to trust and feel comfortable confiding in. Respect the family's home and surroundings. Give the family direction in the development of their family and child, as well as increasing their awareness of the available resources. Let the family feel that you have included them in all aspects of intervention. A good way to start is by asking families about their schedule of activities on a typical day.

3.0 INCORPORATING CRITICAL SKILLS INTO THE FAMILY'S DAILY ROUTINES

Each family is completely unique, and children ultimately need to adapt to the situations they find in their own families and life settings. No single set of skills will be useful to everyone. For example, a cab driver from New York City might have a hard time operating a farm in rural Mississippi. The skills he has might not be useful in his new environment. Similarly, isolated skills selected from a standardized assessment and taught in an artificial context may be of no use in a particular child's daily life. This is why the "fix 'em and give 'em back" approach is not very helpful.

A more effective approach is to begin with the family rather than the skill. All families have their own reasons for seeking intervention. These reasons vary, but most involve concerns with eating, dressing, bathing, playing or some other family routine. A home-based interventionist has wonderful opportunities to work on skills within the family's existing routines.

Research in normal child development and data from early intervention models and "best practices" show that no infant learns passively in his/her environment. Learning is an active process in which the child's caregivers are the primary teachers and facilitators. The child's temperament, affect, strengths, needs, disabilities, and abilities have the power to affect the family and their interactions. Reciprocally, the family's interactions, affect, resources, support, and competencies have the power to influence the child. The environment also has an impact on both the child and the family.

3.1 Natural Environments

Part H regulations also recognize the importance of the family and the natural environment. The law mandates that, to the extent possible, early intervention should occur in the child's natural environment, whether that be the child's home, day care, inclusive preschool or where the child spends the major part of his/her waking hours. The family and child's natural environment provide a natural context for interactions and learning. The ongoing routines, persons, and objects provide natural opportunities for early intervention activities.

3.2 The Physical Environment

The family and their home should also be respected. There are critical features of our physical environments that have the power to impact each of us in different ways.

ACTIVITY #4

TRANSPARENCY #8
ACTIVITY #4

Determine specific features of the child's environment that could impact the use of certain critical skills. Consider the social as well as the physical environment.

THINK ENVIRONMENT!

EXAMPLE Family keeps 2 neighborhood children in home 3 days a week.	

Which group generated the most features?

This does not imply that, as service providers, we are to make judgement about anyone's physical environments, only that using all features of a family's physical environment can lead to a rich learning experience for the child.

TRANSPARENCY #9 not displayed...use as prompt if necessary

Discussion:

Infants who are "good" babies may sleep a lot and not require attention. These children may be left in their beds for long periods of time. If parents have had other children, stress that many of the same things that they did with their other child/children are wonderful things to do with the child who has a disability. Things like:

* Place the baby in different rooms
* Put clothes on the baby/child, rather than just a diaper
* Place the awake child by the door where he/she can hear people coming and going
* Change the baby's diaper in the same location
* Use kitchen utensils, washcloths, and pieces of wood for toy play if toys are not readily available (Taking toys into the home and then leaving with them is not family centered. Loan toys out to families if they wish.)
* Take the child outside in nice weather
* Have some "floor time" with the baby

Participants are to add other ideas that they have used with families:

* _____
* _____
* _____
* _____
* _____

3.3 The Social Environment

The infant's interactions with persons in his/her environment and other persons' interactions with the infant are defined as the social environment. These interactions are critical for early bonding and attachment. These interactions also form a strong basis for early communication and later language development. A number of variables of infant interaction include the following:

1. Enjoyment
2. Sensitivity to child's interest
3. Sensitivity to state
4. Responsitivity
5. Appropriate stimulation

(Mention TRANSPARENCIES #10-#11)

CHILD'S ACCESS TO

Locations

Other People

Toys

Objects

Clothes

TRANSPARENCY #9

RECEPTIVE COMMUNICATION	
Child receives information through:	
Natural Context Cues	*Non-speech signals, such as hearing caregiver pick up car keys indicating a ride in the car
Touch Cues	*Using both hands, palm open, gently swipe from elbow upward to shoulder to indicate "up". (Always use speech with cues)
Object Cues	*Give the child a spoon to indicate that it is time to "eat"
Gestures	*Nodding yes or no in response. (Always use speech)
Miniature Objects	*Giving the child a miniature T.V. to indicate we are going to watch T.V.
Associated Objects	*Giving the child a coke top to indicate do you want a coke
Pictures	*Showing a picture of the swing to indicate we are going outside
Line Drawings	*Showing a black and white picture of a person drinking to indicate drinking.
Other Tangible Symbols	*Rebus Symbols *Thermoform Symbols
Visual Signs	*Tap together closed fingertips on each hand, to indicate "more"
Tactile Signs	*Sign the letter "t" to indicate toilet in the child's palm
Speech	*Say "Good girl"
Written Words	*Looking at a book
Braille	*Dots formatted to indicate numbers and letters

EXPRESSIVE COMMUNICATION	
Child behavior:	
Attending To	*Using facial movement or body movement to show awareness of person or object
Eye Gaze	*Child looks at cup to indicate they want a drink
Body Movement	*Child leans head forward or moves body to indicate "more"
Calling Switch	*Child presses calling switch to get attention
Touch Person	*Child touches arm to get attention
Touch object	*Child touches cup to indicate "more drink"
Manipulate Person	*Child reaches for persons' hand who is holding the cup to indicate "more drink"
Vocalization	*Child vocalizes "daaa" for more drink
Extend Object	*Child hands cup to caregiver to indicate "want more drink"
Simple Gestures	*Child nods "yes" for more drink
Pointing	*Child points to cup to indicate more drink
Two Switch	*Child chooses between eat and drink by touching a switch
Complex Gestures	*Child points to cup while nodding "yes" to indicate more drink
Miniature Objects	*Child hands the caregiver a miniature coke to indicate they want a drink
Pictures/Drawings	*Child hands the caregiver a picture of a coke
Tactual Symbols	*
Manual Signs	*Sign the letter "c" with hand and bring to mouth
Non-Speech Symbols	*
Electronic System	*Augmentative Device *Cannon Talker
Speech	*Child says "want more drink"

4.0 THE FAMILY

Family Choices and Outcomes

Families should be involved in the child's assessments to the extent that they wish. Professionals need to share their knowledge with families so that parents and professionals, as a team, can focus on a common vision and functional outcomes for both the family and the child. Often, evaluations may be completed by professionals who will not be working directly with the child and the family. Initial evaluations may not be selected for the individual child and may not adequately cover all of the areas of child development. Service providers who work directly with the child and the family, need to determine with the family **where and how** intervention will occur. The following are examples of outcomes that were developed by families.

TRANSPARENCY #12

- "I would like for my child to be able to eat a cookie."
- "I want my child to attend a regular day care center."
- "I want Shanika to grow up like other children."
- "We would like for Jerica to walk."
- "His dad and I want Alfonzo to play with other kids."

Specific intervention procedures for each of the preceding outcomes will depend on the child's specific physical, cognitive, communication, social-adaptive, and daily life behaviors. Parents should never be told that an outcome is not reasonable. Questions should be asked to determine exactly the parent's desires on a short-term and long-term basis. Service providers need to determine if compensations need to be addressed as long-term goals are being targeted.

4.1 Families As Decision-Makers

Vincent (TASH, 1996) discusses ten major strategies to enhance families as decision-makers.

TEN STRATEGIES TO ENHANCE FAMILIES AS DECISION-MAKERS

- **SET THE STAGE**. The professional needs to put everyone at ease and in the same frame of mind about the purpose of the meeting. He/she needs to make sure everyone knows each other and why each person is present. Expand explanations of the role of each person.
- **LISTEN TO THE FAMILY'S VIEW OF THEIR SITUATION**. Start the discussion by finding out from the family how they see the child and what their concerns are for the child and the family as a whole.
- **ACKNOWLEDGE WHAT THE FAMILY IS ALREADY DOING**. Professionals need to recognize the efforts the family is making to meet their child's needs. The family's success so far needs to be recognized.
- **RESPOND TO THE FAMILY'S VIEW**. Professionals need to respond to concerns raised by the family and to the family's sketch of the child. Everyday language needs to be used so that people from different disciplines understand each other, as well as the family understanding.
- **LISTEN TO THE PROFESSIONALS' VIEWS**. Professionals need to share with the family their view of the situation. Professionals need a chance to raise any concerns they have based on interacting with the child and the family. Again, everyday language is essential.
- **CONFIRM FAMILY PROFESSIONAL AGREEMENT**. Professionals need to confirm where they and families are seeing the same things. They need to point out that where differences are seen, it is likely to be because of differences in the situation and the different relationships that the family has with the child. Both views are correct for the particular situation observed. Professionals need to acknowledge that because families see the child in so many more situations, they have a broader view of what the child can do.
- **PROVIDE INFORMATION AS TO WHY**. Professionals need to describe why skills or issues with which they are concerned are important. They need to use everyday language to describe how their concerns relate to the child's natural, home environment.
- **SYNTHESIZE THE DISCUSSION AND SELECT OUTCOMES.** Periodically, the professional needs to review what has been discussed and put the concerns into desired outcomes and goals. The family needs to be involved in expressing whether the goals match what they meant and are stated in ways that make sense to them.
- **DECIDE HOW TO EVALUATE**. The professional needs to solicit ideas from the family and contribute his/her ideas about how to measure progress and discuss progress as a team.
- **FOCUS ON A SHARED VISION.** Professionals and family need to discuss how goals can be worked on at home, in the neighborhood, at day care, etc. Focus needs to be on the common mission we have as families and professionals. Ask the family how they would like to proceed; what strategies they think might be effective. (Vincent, TASH 1996).

4.2 Family Involvement

Families are to be involved or participate in the actual intervention to the degree that they wish and when they wish. However, service providers need to share information about learning and generalization with families. Often, we do not know how to do this. Participants will discuss ways in which they have increased family involvement and family decision-making.

5.0 SYSTEMATIC INTERVENTION

5.1 Models of Learning

There are different models of learning that can be utilized. Many early intervention models use a Behavioral-Cognitive approach. Combinations of different approaches may be used for different children. Service providers may be observant and identify that some children learn better with one approach and some children another approach. Whatever model is used, our major job is arranging the environment and using systematic strategies so that the child will progress toward higher levels of functioning.

Participants will discuss different learning models that they have used.

5.2 Types of Training/Teaching

The two primary types of training or teaching any child or student will consist of massed trial or dispersed trial teaching. Decisions of whether to utilize massed or dispersed trials will depend on the specific child and the specific skill being taught. It will also depend on the teaching skills of the service provider. What is critical is that generalization is measured to determine if the skill has generalized across environments, different objects, and different persons.

Each teaching trial should include a specific stimulus. The specific stimulus should be determined in terms of easy-to-difficult, and in terms of the child's specific facilitators and inhibitors. The response that is being targeted should be specifically defined. The teaching procedures may include shaping and fading strategies. The consequence should be natural and functionally related to the child's response. Generalized reinforcers may be used as well.

6.0 IMPLEMENTING THE MODEL

Routines and Activities

Discuss with the family the child's routines and the family's activities. Stress that there will be routines that the child and family enjoys and that there may be some routines

that are difficult because of the child's needs and dislikes. If the routine is enjoyable, targeted skills can be embedded into the routine. If the routine is difficult, the routine, or parts of the routine, will be taught. Discuss.

Display **TRANSPARENCY #14**

Display **TRANSPARENCY #15**

Display **TRANSPARENCY #16**

6.1 Interactor Skills/Competencies

How do you, as a service provider, help the family work on objectives (critical skills) at home?

There are generic interactive skills that anyone who interacts with the child should learn to incorporate into all routines and activities. Some of these skills are more natural and automatic for some families and service providers than others. An additional feature should be listed...enjoyment. If service providers do not seem to be enjoying the child, parents will notice.

Display **TRANSPARENCY #17**

EXAMPLES OF INTERACTOR/CHILD SKILLS ACROSS ROUTINES

- **Prepare the child for the activity**

  * putting on hearing aids
  * stretch arm muscles for better reach and grasp
  * putting on a bib

In preparing the child, we always express verbally what is going to take place next. For example: "It's time to brush your teeth."

If object cues are being used as the form of communication, hand the child the toothbrush. This is an association of "when I hold the toothbrush, it is time to go brush my teeth."

How will you prepare the child for the chosen routine?

- Teach the Routine/Activity
- Use the Routine/Activity
- Teach the skill within a Routine
- Support the skill within a Routine

TRANSPARENCY #14

FAMILY'S INTERVENTION PREFERENCES

ROUTINES/ ACTIVITIES	Part of Routine?		Does Child Enjoy It?		Does Child Participate?			Is It A Good Routine to Work	
	Yes	No	Yes	No	Yes	Minimally	No	On?	Within?
Dressing/Undressing									
Grooming									
Feeding/Eating									
Bathing									
Play time									
Story time									
Outside									
Games (list)									
_____									
_____									
With siblings									
With adults									
With others									
_____									
_____									

INTERACTOR/CHILD SKILLS ACROSS ROUTINES

Name:_____

Date:_____

Teaching Ratings

0 = Never occurs
1 = Occurs occasionally
2 = Occurs frequently

Child Behaviors

X = Consistent/Correct
/ = Inconsistent with prompt
O = Incorrect

Generic Interactive Teaching Behavior	Rate	Individual Instructional Conditions	Child Objectives				
1. Prepare child for the activity							
2. Announce who and what will happen							
3. Position child							
4. Placement of materials							
5. Special adaptations							
6. Opportunities to communicate							
7. Opportunities to use movement strategies							
8. Opportunities for partial participation							
9. Opportunities for sibling/ peer interaction							
10. Provide consistent prompts/cues							
11. Provide appropriate feedback							
12. Wait							
13. Termination							
Score	_____	_____	_____	_____	_____	_____	_____

Additional Objectives:

Routine:

Teaching Strategies:_____

Additional Adaptations:_____

INTERACTIONAL PROCESS

TRANSPARENCY #17

Throughout the process:

- Get the learner's attention (through touch, gestures, or verbal cues)
- Identify yourself (through auditory, smell, visual, and/or tactile-object cues)
- Communicate to the learner prior to acting on him or making any changes in the activity
- Be responsive to any behaviors that the learner may exhibit that may communicate his notice, dislikes, preferences, or choices

---

- Prepare the learner for the specific activity (individualized for each learner)
- Announce what is about to happen (specific to the learner)
- Provide correct positioning, handling, or orientation/mobility techniques
- Place the materials used within the activity in the best location according to the learner's visual and motor skills
- Provide multiple opportunities for the learner to communicate
- Use special adaptations if necessary to facilitate active participation in the activity
- Allow the learner to partially participate in the activity...this does not mean that the learner is just exposed to the activity
- Provide consistent prompts and cues
- Wait for responses from the learner
- Provide appropriate feedback
- Encourage the interactions of the learner and others (such as siblings, peers, other staff)
- Announce the termination of the activity (in fact, the learner can assist in the termination activities)

- **Announce what will happen**

  * use touch cues and verbalize "up"
  * "Let's wipe your nose."
  * "We're finished, let's get down."

Announcing what will happen allows the child not to be startled by an intrusive act. If you grabbed a child to take him to brush his teeth, he may protest by crying or even hitting. When this happens we think we have a behavior problem, when really the child was communicating a fear.

How will you announce what will happen in the chosen routine?

- **Handling and Positioning**

  * Is the child positioned in a way that allows and encourages participation?
  * Does the high chair give the right amount of support?
  * Are you positioned where you can provide feedback and assistance?
  * No "W" sitting.

This is a very important part of communication. If a child has difficulty controlling his upper body, we need to make sure that his lower part, the trunk, is in a stable position. An incorrect alignment of the lower body and an incorrect sitting posture can affect the usage of the upper body. The more a child has to struggle to maintain trunk support, the less likely he will be to concentrate on using his upper body.

For example, if we are trying to encourage reaching and grasping to get a toothbrush, we have to make sure that the child's posture allows for reaching.

How should the child be positioned and handled in the chosen routine?

It is also important to remember that the child needs to experience being in different environments.

- **Placement of Material**

  * Is placement of the bottle within the visual field?
  * Is the desired toy within reach?
  * In the chair, can the child reach the cup?

Whether it is a play routine or a feeding routine, it is important that the materials being used in the interaction are placed where the child is able to reach them. It is also important to remember that the child needs the experience of being in different positions. For example, in a side lying position, toys should be placed within reach of the child.

"What do you need to brush your teeth?"

The child may communicate this by eye gaze or reaching and touching the object.

Materials should also be placed with respect to the child's visual field. For example, a child who is hydrocephalic may not be able to turn to the left. Therefore, materials should be shown on the right.

How should the materials be placed in the chosen routine?

- **Special Adaptations**

  * curved spoon
  * large rubber band to help child open the door

Adaptations do not have to be expensive, store-bought equipment. Adaptations are adjustments in the environment that allow the child to participate.

Children with physical disabilities often have a difficult time opening doors. An adaptation which may allow a child to open doors with or without assistance would be to place a large rubberband on the door knob for ease in pulling the door open. Another example is the use of pillows in different positions to help support the child.

What adaptation may be made in the feeding routine?

- **Opportunities to Communicate**

  * Feel the brush and the tape to make a choice "eat" or "music"
  * Choices all day long "milk or juice"
  * Playing dumb - "Where is your cookie?"

This is also a great way to reinforce communication skills for all of the children in the room. Sometimes we do things so automatically, we don't even realize that we've done them. Like tying your shoes--you know that you did because you are wearing your shoes, yet do you remember the actual steps that were made to tie them? We need to remind ourselves throughout the day to take some time and not be so automatic. This will allow for many more opportunities to communicate.

If you always give the child toothpaste, don't. Either let him ask for it or teach him to be more independent and get it himself. Forget to give him a cup to rinse. Ask what he needs before he goes to brush his teeth.

How can you allow more opportunities to communicate in the chosen routine? What are two opportunities to communicate you can do in a bathing routine?

- **Responsiveness**

  * The child reaches for a towel during mealtime, you respond by helping him to wipe the table and verbalizing the action
  * The caregiver acknowledges that the child wants your attention when he reaches out and touches you

Sometimes it is difficult to read the child's cues or always understand his actions. How we respond to his vocalizations or gestures, intentional or not, gives the child a reason to communicate. If we didn't respond, he wouldn't bother. For example, a child may reach for the napkin during snack time. To ensure that the child understands what it is used for, you can take his hand and assist him in wiping his mouth. "You want to wipe your mouth. Good job."

If the child reaches for the knob of the water faucet while you are brushing teeth, how can you respond?

- **Partial Participation**

  * hand over hand assistance to use the spoon
  * child gives puzzle piece to peer
  * assist in dressing

This skill may require some creativity. It may help again to think about how we can teach the child to be as independent as possible. Hand over hand activities allow the child the physically "feel" how that action or movement goes. Regardless of the level of participation, the child also needs to feel a sense of contribution to the activity. It is our position that a child can contribute to any activity when allowed to participate.

In the toothbrushing routine, a child may need physical assistance, hand over hand, to brush his teeth.

How can the child partially participate in a bathing routine?

- **Encourage Peer Interaction**

  * "Would you hand Samuel the truck?"
  * "Bring the garbage can to Vanessa."

Children learn from other children. First, other children must be made aware that a child with disabilities may not play in the same way they play, or eat in the same way they eat.

How we treat the child in the room, how we interact and include the child, will teach the peers in the room how they should interact with and treat the child. If prompts and cues are consistent, appropriate feedback is given, and partial participation is practiced by the adults, the children will practice it also.

In the toothbrushing routine, a peer could assist the child by turning the water on and off, and if appropriate, carrying the child's cup or toothbrush.

How can peers interact with the child in the chosen routine?

- **Provide Consistent Prompts and Cues**

  * "Sit up" touching arms to facilitate movement
  * "Throw it away" tapping the back of his hand to release the object

The most important word of this skill is consistency. The same prompts and cues should be used by everyone who interacts with the child.

An example of a prompt and cue would be touching the child on the bottom lip with the spoon to indicate a bite or feeding. Find a way to communicate to other people who interact with this child how prompts and cues are used.

In the toothbrushing routine, the child should be given the object cue of the toothbrush every time he goes to brush his teeth. If object cues are being used as a communication system, it is important that they are used every time the child is doing a particular activity.

What prompts and cues can be used when going on an outing? If others are involved in this activity, how will they know what cues are being used?

- **Provide Appropriate Feedback**

  * "Good girl"
  * "No, don't throw"
  * "Oh, you want milk"

Feedback is providing the child with a response to the action. Different children respond to different types of feedback. Some children respond by smiling or doing the activity again when they hear you say "good job." Others might respond to a stroke on the arm or the cheek. If the feedback is not desired by the child, he might not want to do it again.

Not all feedback is positive. An example might be an adult saying "No" and signing to a child after they have thrown the toothbrush across the room. Feedback during a toothbrush routine might be, "Good girl, you carried your own toothbrush."

How can feedback be provided in a play routine?

- **Wait**

  * "Do you want juice or milk? WAIT
  * Call his name--WAIT
  * Assist to beat the drum--stop--WAIT

Although this skill seems simple, it is very difficult to practice. When interacting, it is important to have a reason to communicate. This reason may happen if we allow ourselves to slow down and count to five before we respond or communicate for the child. For example, wait for the child to respond. He/she may move his body or vocalize. Use a touch cue or sign if you don't get a response. While playing, rock the child back and forth and back and forth--STOP--WAIT. This allows the child to demonstrate through body movement or vocalizing, etc. that he wants more.

In the toothbrushing routine, if hand over hand assistance is being provided, stop brushing and wait. The child may respond by moving his hand, turning his head, vocalizing for more, or dropping the toothbrush. Waiting allows him time to communicate.

When can we wait in a feeding routine?

- **Terminate the Activity**

  * Assisting child to put toys away
  * Verbalize "Finished"
  * Assist child to sign "Finished"

Children should always be aware that one activity is ending and another is beginning. Structure, especially for children who are vision impaired, is vital for learning.

6.2 Interactor/Child Skills Across Routines

Discuss child outcomes and specific behaviors for different children. An example is provided.

Display **INTERACTIONAL COMPETENCY** videotape

6.3 Instructional Plan Form

Each routine and activity should have a beginning, a middle, and an end, even if a play routine is being targeted. The child can help get the toys and put them away, or participate in these phases in some way. Different instructional plans or lesson plans can be used. The one below is just one example.

Display **TRANSPARENCY #18**

Show **VIDEO EXAMPLES** of Jacob, Danny, Jonathon, Shanta

ACTIVITY #5

Jot down a few ideas for skills that could be worked into this routine.

_____

_____

_____

_____

7.0 CONCLUSION

This model of intervention addresses families' perceived needs directly by incorporating skills into routines of their choice. The activities are likely to be carried out consistently, even in the interventionist's absence, because they are of importance to the family and part of ongoing routines. Furthermore, the targeted skills are immediately functional because they are already a part of the child's daily life.

The model is culturally sensitive because it begins with each family's existing schedule and lifestyle without presuppositions as to what is best. It is family centered because skills are targeted flexibly within the contexts that are of concern to caregivers. With this approach, interventionists can provide more meaningful assistance by offering help that is congruent with what the family is seeking.

TRANSPARENCY

INSTRUCTIONAL PLAN FORM

STUDENT:_____ ACTIVITY:_____

TASK	DOES:	SKILL NEEDED	ADAPTATIONS	PEER INTERACTION
BEFORE				
1.				
2.				
3.				
4.				
DURING				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
AFTER				
1.				
2.				
3.				
4.				

Skills to be practicing throughout the day

1._____ 4._____
2._____ 5._____
3._____ 6._____

Signs, gestures to be used throughout the day

1._____ 4._____
2._____ 5._____
3._____ 6._____

ACTIVITY #6
Pre-Posttest

Name:_____ Posttest Score _____

1. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

TRUE FALSE

2. A family's silence always means they are listening and understanding.

TRUE FALSE

3. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

TRUE FALSE

4. Name three generic interactor competencies.

5. After an assessment, interventionists should tell caregivers what skills they will be working on.

TRUE FALSE

6. List three ways a family can work on the child's reach/grasp at home.

_____

_____

_____

ACTIVITY #7

Training Evaluation Scale

Workshop Name:_____ Date:_____
Presenter:_____

Instructions

To determine whether or not the training met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this training. Please circle the rating which best expresses your evaluation of each of the following:

Evaluation Criteria

1.	The organization of the training was:	Excellent 7	6	5	4	3	2	Poor 1
2.	The objectives of the training were:	Clearly Evident 7	6	5	4	3	2	Vague 1
3.	The work of the presenters was:	Excellent 7	6	5	4	3	2	Poor 1
4.	The schedule of the training was:	Excellent 7	6	5	4	3	2	Poor 1
5.	Handout information was:	Very Beneficial 7	6	5	4	3	2	No Benefit 1
6.	Overall, I consider this training:	Excellent 7	6	5	4	3	2	Poor 1

The stronger features of the training were:_____

_____

_____

_____

The weaker features were:_____

_____

_____

_____

Related topics not covered in this training on which you would like more information:_____

_____

_____

_____

_____

ACTIVITY PACKET

ACTIVITY #1
Pre-Posttest

Name:_____ Pretest Score _____

1. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

TRUE FALSE

2. A family's silence always means they are listening and understanding.

TRUE FALSE

3. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

TRUE FALSE

4. Name three generic interactor competencies.

5. After an assessment, interventionists should tell caregivers what skills they will be working on.

TRUE FALSE

6. List three ways a family can work on the child's reach/grasp at home.

_____

_____

_____

TRANSPARENCY #1

STRATEGIES FOR COMMUNICATION ACROSS CULTURES

- Observe and determine meaning of nonverbal communication.
- Allow family to speak in native language. (Use interpreter if needed).
- Do not use lengthy statements or professional jargon.
- Learn basic cultural words.
- Avoid body language or gestures that are offensive or that could be misunderstood.
- Attempt to use more visual forms to explain information:
  * Pictures
  *Symbols/Signs
  *Videotapes

TRANSPARENCY #2

MODEL SHIFTS

OLD		NEW
DEFICIT	to identifying . .	strengths and needs
DISABILITY	to focusing on .	capability and possibility
"FIX IT"	to providing . . .	support services
ISOLATED	to teaming	interdisciplinary (or transdisciplinary)
LABELS	to respecting . .	person first
SEGREGATED LEARNING	to encouraging .	peer interaction
PROFESSIONAL DECISION	. . . . .	parental input

ACTIVITY #2
Family Value and Inclusion Scale

You will now have an opportunity to complete the Family Value Inclusion Scale. This activity is only to give you an indication of how you interact with families, and allows you to identify what areas you could enhance. This is something to keep in mind as we begin our discussion of family involvement.

TRANSPARENCY #3
ACTIVITY #2

FAMILY VALUE AND INCLUSION SCALE

1. Explain to each family YOUR role as a service provider.

   Never Some of the time Most of the time Always

2. Explain to each family THEIR role.

   Never Some of the time Most of the time Always

3. Explain to the family how you feel the intervention is going.

   Never Some of the time Most of the time Always

4. Offer ideas to each family for enjoying their child.

   Never Some of the time Most of the time Always

5. Use language that the family can understand.

   Never Some of the time Most of the time Always

6. Provide the family with accurate information about services.

   Never Some of the time Most of the time Always

7. Ask families to identify their wants and needs.

   Never Some of the time Most of the time Always

8. Provide the family with a response to their request/needs within a timely manner.

   Never Some of the time Most of the time Always

9. Provide honest concise information to the family concerning their child's assessment.

   Never Some of the time Most of the time Always

10. Provide honest and concise information concerning their child's progress.

Never Some of the time Most of the time Always

11. Provide the family with information to help them explain their child's needs to friends and relatives.

Never Some of the time Most of the time Always

12. Respect the families level of involvement in their decision making process.

Never Some of the time Most of the time Always

13. Assist the family to think about the future.

Never Some of the time Most of the time Always

14. Provide positive reinforcement to the family.

Never Some of the time Most of the time Always

15. Provide information on child growth and development.

Never Some of the time Most of the time Always

16. Provide the family with coping strategies (respite services, parent groups).

Never Some of the time Most of the time Always

17. Be flexible in scheduling appointments.

Never Some of the time Most of the time Always

18. Provide the family with unbiased information.

Never Some of the time Most of the time Always

19. Provide strategies for assisting the family to be involved in making decisions about services.

Never Some of the time Most of the time Always

20. Explain how activities and progress will be documented.

Never Some of the time Most of the time Always

TRANSPARENCY #4

THE MANY DEFINITIONS OF A FAMILY

1. Webster's Dictionary states, "A social unit consisting of parents and the children they rear." 1988

2. A group of individuals who have descended from a common ancestor. (Taber's Cyclopedic Medical Dictionary, 1981)

3. Any two or more related people living in one household. (3rd Edition Child, Family, Community Socialization and Support. Roberta M. Berns. p.638, 1993)

4. An inclusive definition of "family" allows each family to define itself. (Guidelines & Recommended Practices For the Individualized Family Service Plan, 1989)

5. Families can be defined as "Families are big, small, extended, nuclear, multigenerational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support....A family is a culture unto itself, with different values and unique ways of realizing its dreams; together our families become the source of our rich cultural heritage and spiritual diversity....Our families create neighborhoods, communities, states and nations. (Guidelines and Recommended Practices For the Individualized Family Service Plan. 2nd Edition. Page 8, 1991)

TRANSPARENCY #5

STRATEGIES FOR BECOMING FAMILY SENSITIVE

* Accepting the family, and not just the child, as the focus of services

* Recognizing and being responsive to the needs and desires of the family by letting them define what is in their own best interest

* Forming a partnership with each family that is supportive of their needs, desires, and expectations

* Accepting the unique social, moral, and cultural values of each family

* Accepting the way the family fits together and the way it affects each of its members, including the infant or toddler who is disabled or at risk

* Recognizing that their definitions may vary from those that professionals have typically accepted

* Working to reform and refine both the existing services and the existing delivery system in response to the expressed needs of the family (Family-Centered Early Intervention with Infants & Toddlers Innovative Cross-Disciplinary Approaches. Brown, Thurman, & Pearl p.306)

TRANSPARENCY #6

NONVERBAL COMMUNICATION

DON'T	DO
• sit away from the family	• sit close to the family
• sit with your back to the family	• sit facing the family
• ignore family silence	• listen to what the family is not saying
• let your eyes roam during the conversation	• look each family member in the eyes
• carry your body in a way that seems unconcerned	• let your posture show attentiveness
• let your facial expressions show negativity	• let your facial expressions show concern and/or approval
• overlook/neglect others present	• acknowledge all present
• change the home environment	• ask if you can change the environment if it is interfering with your task

TRANSPARENCY #7

VERBAL COMMUNICATION

DON'T	DO
• use all professional jargon ex: laws, P.L., abbreviations	• use words a parent can understand
• use words that will degrade the family. **"Watch your tone"**	• change your words to be positive and learn to encourage
• get into a power struggle with the family	• allow family to help make the decisions that will affect them
• change the language of the family	• accept the parents language ex: "affectionate," "confectionate"
• assume you always understand what they're trying to say	• acknowledge and clarify what you've heard
• assume they always understand what you are trying to say	• clarify what you are saying
• expect to say something one time and have the family understand	• repeat the important information over and over
• discuss barriers among professionals with parents	• remain neutral
• Force your time	• Acknowledge a possible need to reschedule

ACTIVITY #3

Directions: The Trainer will divide the Trainees into teams. The Trainer will give each team a scenario to role play. Have each team read the scenario first and then have them turn the situation into a positive one by acting it out. The Trainer and Trainees will discuss each scenario.

SCENARIOS

* You have been telephoned by a parent asking if it would be convenient to change a Tuesday appointment to Friday so that you can meet with the family and another professional they are seeing. You agree to change the appointment. When you arrive at the home, you realize you are about to attend an IFSP meeting. There are other professionals there, you are unprepared, and the parents were uninformed.

* You are presently assessing a child in the home. In the middle of the assessment three other professionals, also working with the family, show up unannounced. During the assessment one professional picks up the child, who is slightly fussing, and takes him outside. One professional uses the telephone while the other begins talking to the mother. You are unaware of who these professionals are.

* You are meeting a family for the first time to see if the child qualifies for your program. You have certain information you need from the family before you leave. The room is very dark and unbelievably cold. You turn on the lights so you can see the child better and turn off the air conditioner so you are more comfortable. Now you need to get the releases signed.

* You have several items you need to cover with the family today. When you arrive at the home, you discover Mother is having a really bad day and the children are fussy.

* You have been working closely with a family for several months now and feel the relationship is good. When you arrive for the visit, the family has something they would like to discuss with you. (1) They feel they are being used by other professionals, and (2) they are upset that they were not informed of a very important meeting concerning their family. The family is upset and saying some very negative things about these professionals. You collaborate with these professionals on a daily basis.

* You have been working with a family for nearly one year. Every time you go to visit the family they are either not at home or you have to hunt the child down at other relatives or at a babysitter's house. You feel like you are repeating yourself to each adult and you are not making progress.

* You are seeing a child who has very young parents. They are often intimidated by the things you say and do. You have been unsuccessful in getting the parents involved in the child's intervention and in making decisions.

TRANSPARENCY #8

ACTIVITY #4

Determine specific features of the child's environment that could impact the use of certain critical skills. Consider the social as well as the physical environment.

THINK ENVIRONMENT!

EXAMPLE Family keeps 2 neighborhood children in home 3 days a week.	

Which group generated the most features?

CHILD'S ACCESS TO

Locations

Other People

Toys

Objects

Clothes

TRANSPARENCY #9

RECEPTIVE COMMUNICATION	
Child receives information through:	
Natural Context Cues	*Non-speech signals, such as hearing caregiver pick up car keys indicating a ride in the car
Touch Cues	*Using both hands, palm open, gently swipe from elbow upward to shoulder to indicate "up". (Always use speech with cues)
Object Cues	*Give the child a spoon to indicate that it is time to "eat"
Gestures	*Nodding yes or no in response. (Always use speech)
Miniature Objects	*Giving the child a miniature T.V. to indicate we are going to watch T.V.
Associated Objects	*Giving the child a coke top to indicate do you want a coke
Pictures	*Showing a picture of the swing to indicate we are going outside
Line Drawings	*Showing a black and white picture of a person drinking to indicate drinking.
Other Tangible Symbols	*Rebus Symbols *Thermoform Symbols
Visual Signs	*Tap together closed fingertips on each hand, to indicate "more"
Tactile Signs	*Sign the letter "t" to indicate toilet in the child's palm
Speech	*Say "Good girl"
Written Words	*Looking at a book
Braille	*Dots formatted to indicate numbers and letters

EXPRESSIVE COMMUNICATION **Child behavior:**	
Attending To	*Using facial movement or body movement to show awareness of person or object
Eye Gaze	*Child looks at cup to indicate they want a drink
Body Movement	*Child leans head forward or moves body to indicate "more"
Calling Switch	*Child presses calling switch to get attention
Touch Person	*Child touches arm to get attention
Touch object	*Child touches cup to indicate "more drink"
Manipulate Person	*Child reaches for persons' hand who is holding the cup to indicate "more drink"
Vocalization	*Child vocalizes "daaa" for more drink
Extend Object	*Child hands cup to caregiver to indicate "want more drink"
Simple Gestures	*Child nods "yes" for more drink
Pointing	*Child points to cup to indicate more drink
Two Switch	*Child chooses between eat and drink by touching a switch
Complex Gestures	*Child points to cup while nodding "yes" to indicate more drink
Miniature Objects	*Child hands the caregiver a miniature coke to indicate they want a drink
Pictures/Drawings	*Child hands the caregiver a picture of a coke
Tactual Symbols	*
Manual Signs	*Sign the letter "c" with hand and bring to mouth
Non-Speech Symbols	*
Electronic System	*Augmentative Device *Cannon Talker
Speech	*Child says "want more drink"

FAMILY CHOSEN OUTCOMES

- "I would like for my child to be able to eat a cookie."
- "I want my child to attend a regular day care center."
- "I want Shanika to grow up like other children."
- "We would like for Jerica to walk."
- "His dad and I want Alfonzo to play with other kids."

TEN STRATEGIES TO ENHANCE FAMILIES AS DECISION-MAKERS

- **SET THE STAGE**. The professional needs to put everyone at ease and in the same frame of mind about the purpose of the meeting. He/she needs to make sure everyone knows each other and why each person is present. Expand explanations of the role of each person.
- **LISTEN TO THE FAMILY'S VIEW OF THEIR SITUATION**. Start the discussion by finding out from the family how they see the child and what their concerns are for the child and the family as a whole.
- **ACKNOWLEDGE WHAT THE FAMILY IS ALREADY DOING**. Professionals need to recognize the efforts the family is making to meet their child's needs. The family's success so far needs to be recognized.
- **RESPOND TO THE FAMILY'S VIEW**. Professionals need to respond to concerns raised by the family and to the family's sketch of the child. Everyday language needs to be used so that people from different disciplines understand each other, as well as the family understanding.
- **LISTEN TO THE PROFESSIONALS' VIEWS**. Professionals need to share with the family their view of the situation. Professionals need a chance to raise any concerns they have based on interacting with the child and the family. Again, everyday language is essential.
- **CONFIRM FAMILY PROFESSIONAL AGREEMENT**. Professionals need to confirm where they and families are seeing the same things. They need to point out that where differences are seen, it is likely to be because of differences in the situation and the different relationships that the family has with the child. Both views are correct for the particular situation observed. Professionals need to acknowledge that because families see the child in so many more situations, they have a broader view of what the child can do.
- **PROVIDE INFORMATION AS TO WHY**. Professionals need to describe why skills or issues with which they are concerned are important. They need to use everyday language to describe how their concerns relate to the child's natural, home environment.
- **SYNTHESIZE THE DISCUSSION AND SELECT OUTCOMES.** Periodically, the professional needs to review what has been discussed and put the concerns into desired outcomes and goals. The family needs to be involved in expressing whether the goals match what they meant and are stated in ways that make sense to them.
- **DECIDE HOW TO EVALUATE**. The professional needs to solicit ideas from the family and contribute his/her ideas about how to measure progress and discuss progress as a team.
- **FOCUS ON A SHARED VISION.** Professionals and family need to discuss how goals can be worked on at home, in the neighborhood, at day care, etc. Focus needs to be on the common mission we have as families and professionals. Ask the family how they would like to proceed; what strategies they think might be effective. (Vincent, TASH 1996).

- Teach the Routine/Activity
- Use the Routine/Activity
- Teach the skill within a Routine
- Support the skill within a Routine

TRANSPARENCY #14

FAMILY'S INTERVENTION PREFERENCES

ROUTINES/ ACTIVITIES	Part of Routine?		Does Child Enjoy It?		Does Child Participate?			Is It A Good Routine to Work	
	Yes	No	Yes	No	Yes	Minimally	No	On?	Within?
Dressing/Undressing									
Grooming									
Feeding/Eating									
Bathing									
Play time									
Story time									
Outside									
Games (list)									
_____									
_____									
With siblings									
With adults									
With others									
_____									
_____									

TRANSPARENCY #15

INTERACTOR/CHILD SKILLS ACROSS ROUTINES

Name:_____

Date:_____

Teaching Ratings

0 = Never occurs
1 = Occurs occasionally
2 = Occurs frequently

Child Behaviors

X = Consistent/Correct
/ = Inconsistent with prompt
O = Incorrect

Generic Interactive Teaching Behavior	Rate	Individual Instructional Conditions	Child Objectives				
1. Prepare child for the activity							
2. Announce who and what will happen							
3. Position child							
4. Placement of materials							
5. Special adaptations							
6. Opportunities to communicate							
7. Opportunities to use movement strategies							
8. Opportunities for partial participation							
9. Opportunities for sibling/ peer interaction							
10. Provide consistent prompts/cues							
11. Provide appropriate feedback							
12. Wait							
13. Termination							
Score	_____	_____	_____	_____	_____	_____	_____

Additional Objectives:

Routine:

Teaching Strategies:_____

Additional Adaptations:_____

INTERACTOR/CHILD SKILLS ACROSS ROUTINES

Name:_____

Date:_____

Teaching Ratings

0 = Never occurs
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8. Opportunities for partial participation							
9. Opportunities for sibling/ peer interaction							
10. Provide consistent prompts/cues							
11. Provide appropriate feedback							
12. Wait							
13. Termination							
Score	_____	_____	_____	_____	_____	_____	_____

Additional Objectives:

Routine:

Teaching Strategies:_____

Additional Adaptations:_____

INTERACTIONAL PROCESS

TRANSPARENCY #17

Throughout the process:

- Get the learner's attention (through touch, gestures, or verbal cues)
- Identify yourself (through auditory, smell, visual, and/or tactile-object cues)
- Communicate to the learner prior to acting on him or making any changes in the activity
- Be responsive to any behaviors that the learner may exhibit that may communicate his notice, dislikes, preferences, or choices

---

- Prepare the learner for the specific activity (individualized for each learner)
- Announce what is about to happen (specific to the learner)
- Provide correct positioning, handling, or orientation/mobility techniques
- Place the materials used within the activity in the best location according to the learner's visual and motor skills
- Provide multiple opportunities for the learner to communicate
- Use special adaptations if necessary to facilitate active participation in the activity
- Allow the learner to partially participate in the activity...this does not mean that the learner is just exposed to the activity
- Provide consistent prompts and cues
- Wait for responses from the learner
- Provide appropriate feedback
- Encourage the interactions of the learner and others (such as siblings, peers, other staff)
- Announce the termination of the activity (in fact, the learner can assist in the termination activities)

TRANSPARENCY

INSTRUCTIONAL PLAN FORM

STUDENT:_____ ACTIVITY:_____

TASK	DOES:	SKILL NEEDED	ADAPTATIONS	PEER INTERACTION
BEFORE				
1.				
2.				
3.				
4.				
DURING				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
AFTER				
1.				
2.				
3.				
4.				

Skills to be practicing throughout the day

1._____ 4._____
2._____ 5._____
3._____ 6._____

Signs, gestures to be used throughout the day

1._____ 4._____
2._____ 5._____
3._____ 6._____

ACTIVITY #5

Jot down a few ideas for skills that could be worked into this routine.

ACTIVITY #6
Pre-Posttest

Name:_____ Posttest Score _____

1. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

TRUE FALSE

2. A family's silence always means they are listening and understanding.

TRUE FALSE

3. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

TRUE FALSE

4. Name three generic interactor competencies.

5. After an assessment, interventionists should tell caregivers what skills they will be working on.

TRUE FALSE

6. List three ways a family can work on the child's reach/grasp at home.

_____

_____

_____

ACTIVITY #7

Training Evaluation Scale

Workshop Name:_____ Date:_____
Presenter:_____

Instructions

To determine whether or not the training met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this training. Please circle the rating which best expresses your evaluation of each of the following:

Evaluation Criteria

1.	The organization of the training was:	Excellent 7	6	5	4	3	2	Poor 1
2.	The objectives of the training were:	Clearly Evident 7	6	5	4	3	2	Vague 1
3.	The work of the presenters was:	Excellent 7	6	5	4	3	2	Poor 1
4.	The schedule of the training was:	Excellent 7	6	5	4	3	2	Poor 1
5.	Handout information was:	Very Beneficial 7	6	5	4	3	2	No Benefit 1
6.	Overall, I consider this training:	Excellent 7	6	5	4	3	2	Poor 1

The stronger features of the training were:_____

_____

_____

_____

The weaker features were:_____

_____

_____

_____

Related topics not covered in this training on which you would like more information:_____

_____

_____

_____

_____

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Office of Educational Research and Improvement (OERI)
Educational Resources Information Center (ERIC)

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